

Vonda M. Wallace
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

09/831377

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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SERIAL NO. _____	FILING DATE _____
APPLICANT(S) _____	09/831377
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